

"Freedom of the Seas" Reservation Form

Billing Procedure: Bill as: Check One -

_____ Single passenger paying for own fare. EACH PERSON COMPLETES A FORM.

_____ a couple/family. Complete only 1 form.

Which VA facility are you and/or your family/friends affiliated with? _____

CLEARLY PRINT ALL INFO. NAMES AS ON YOUR PASSPORT. Middle names needed only if your last name is a hyphenated name. Ex- Smith-Jones

1. Legal Name _____ M or F

Address _____

City/State/Zip _____ Nickname _____

Phone _____ Email _____

Date of Birth _____ Past Passenger No. _____

2. Legal Name of Roommate _____ M or F

Date of Birth _____ Email _____

Phone _____ Nickname _____

Past Passenger no _____

3. 3rd Person in Cabin _____ M or F

Date of Birth _____ Phone _____

Email _____ Nickname _____

Past Passenger No. _____

4. 4th Person in Cabin _____ M or F

Date of Birth _____ Phone _____

Email _____ Nickname _____

Past Passenger No. _____

LIST ANY NON U.S. CITIZENS IN YOUR PARTY _____

CABIN CAT. _____ PRICE _____ I require a wheelchair accessible cabin _____

REQUEST CABIN NEAR OR NEXT TO _____

AIR ARRANGEMENTS: MY DEPARTURE CITY _____

_____ I/ We are driving to Port Canaveral

_____ Book my air through the cruise line (Check with us for a quote)

_____ I/We will book own air. (Clearwater Travel can also book your air for you)

Credit card or check payable to Clearwater Travel.

Charge my credit card for the amt of \$_____ Circle one: AX MC VI DS
Card No. _____ Exp.Date _____

PRINT name clearly as it appears on card _____

SIGNATURE _____

DINING Choice - _____ Early 6 pm _____ Late 8:30 pm _____ My Time dining
(dine between 5:30- 9:30 pm, reservations can be made, requires pre paid tips -\$81.55PP)

List any birthdays, anniversaries _____

I/We am medically fit to travel. Conditions such as insulin dependent diabetes, oxygen use, wheelchair or scooter use, pregnancy must be reported to the cruise line. List any conditions here: _____

I/We authorize Clearwater Travel to book my cruise, and understand that **cancellation penalties begin on JAN 31, 2012. FINAL PAYMENT DUE ON OR BEFORE JAN 20, 2012.**

Trip cancellation/interruption insurance is being offered to you and it is your responsibility to purchase it. Application will be sent to you with your invoice or can be purchased online. I/We take full responsibility for any errors or omissions.

SIGNATURE _____ Date _____

Send form and \$250 PP deposit to:
CLEARWATER TRAVEL - ATT: ISLAND BREEZE CRUISE
519 CLEVELAND ST, SUITE 100
CLEARWATER, FL 33755
FAX - 727 461-0507

QUESTIONS: sueborntotravel@aol.com or call Sue 813 334-4626